



The Guam Board of Registration for
PROFESSIONAL ENGINEERS, ARCHITECTS & LAND SURVEYORS

Inetnon Rikestrasyon Inheneron Profisional, Arkitekto yan Agranensot Tano'

VERIFICATION OF WORK EXPERIENCE – (F4)

Applicant's Name: _____
Address: _____

Has applied to this Board for registration under the provisions set forth in Section 32113, Public Law 30-35 has and listed you as his/her immediate supervisor:

- Engineer Intern Land Surveyor Intern Architect
 Professional Engineer Professional Land Surveyor Landscape Architect

In order that the applicant's qualifications and experience may be properly evaluated, your assistance in answering the following questions is appreciated.

After completing this form, please sign, notarize stamp or seal and return it in a sealed envelope to the applicant at your earliest convenience, as no action will be taken until we receive your verification. This Verification is CONFIDENTIAL and will not be accepted by the Board if not properly filled and sealed. Thank you for your assistance.

Sincerely,
Executive Board Administrator

1. Do you confirm the accuracy of the applicant's claim that he/she was working under your immediate supervision from: _____ to _____? Yes _____ No _____ Other _____.

2. Does the time indicated above, were you registered as a Professional Engineer, Architect or Land Surveyor? Yes _____ No _____

3. If your answer to No. 2 is (Yes), please indicate the type of profession/branch registered in, certificate number, the the date and state of your original registration:

- Engineer/Branch _____ Certificate No. _____ State _____
 Architect – Certificate No. _____ State _____
 Landscape Architect – Certificate No. _____ State _____
 Land Surveyor – Certificate No. _____ State _____

718 North Marine Corps Drive Suite 208. Upper Tumon. Guam 96913

Telephone: (671) 646-3115 Fax: (671) 649-9533 • Website: www.guam-peals.org

Applicant's Name: _____

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4. If your answer to No. 2 is (No), what was the scope of your supervision?

5. Please comment on the type of work the applicant performed while under your immediate supervision.

Comments:

6. Do you or did you have supervision or review and approval responsibility over applicant's work? Yes _____ No _____ If yes, how long: Years _____ Months _____

Comments:

7. Additional comment on applicant's professional knowledge and ability:

Comments:

Applicant's Name: _____
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I, the undersigned, being duly sworn, depose and say, THAT, I have executed the above and foregoing statements and acknowledge that they are true in substance and effect and are made in good faith.

Please PRINT the following:

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Signature of Notary Public

My Commission expires: _____

(SEAL)